

Information System Security Request for User Access to ITS Resources

Upon completion, file in Official ISSPOC Folder

Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Deletion		Date:	
Part I (to be completed by Supervisor/Office Manager/COTR or Sponsor)			
Employee/User Name: (Last, First, MI)		Nickname:	Generation: (Jr, Sr, II, III...)
Work Title/Function:		Grade: (if applicable)	Phone:
Organization: (Site ID/Site Name, Office ID or Office Name, Address, City, State, Zip)			
Partner/Affiliate/Company or Organization Name:			
Contractor Task#:		COTR/Sponsor Name:	
COTR/Sponsor Email:			Phone:
Access Required: Dial Up/VPN Account _____ LAN (Active Directory, Workstation, & Email) _____ Server Shared Drives (List) _____			
Elevated Privileges: Web Service (Large Office Only) (List) _____ Local Admin (Desktop) _____ Other Request _____			
User Location <input type="checkbox"/> Service Center <input type="checkbox"/> State Office <input type="checkbox"/> Large Office			
Justification for access:			
Verification of Need to Know I certify that this user requires access as requested in the performance of his/her job function.			
Supervisor/Office Manager/Contracting Rep Name: (Last, First, MI)			Phone Number:
Signature of Supervisor/Office Manager/Contracting Rep:			Date:
Part II (to be completed by Human Resources Staff)			
ICAMS or Affiliates ID (required for email access):			
Security Background Check Information			
Type of Investigation Requested:		Date Paperwork Received:	Date of Initiation:
Clearance Level: (None, Secret, etc.)	Type of Investigation: (NAC, NACI...)	Date Investigation Completed:	
HR Manager/Representative Name: (Last, First, MI)		Phone Number:	
HR Manager/Representative Signature:		Date:	
Part III (to be completed by Information System Security Point of Contact)			
ISSPOC Name: (Last, First, MI)		Phone Number:	
Magic Ticket number for request:	Date requested:	Date completed:	
ISSPOC Signature:		Date Signed:	

Modifications to user's access as requested by Supervisor, Office Manager, or Human Resources staff by e-mail or SF-52. Modifications include Name Change, Office Change, Access Changes, and Deletions

Date of Request	Type of Request	Requestor	Reason for Request	Date Completed